

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | NO.  | DATE     |
|---------------------------|----------|------|----------|
| FEE DETERMINATION         |          |      |          |
| O.I.P.E. CLASSIFIER       |          | 19   | 8301     |
| FORMALITY REVIEW          | T.H      | 953  | 08-31-01 |
| RESPONSE FORMALITY REVIEW | A.T      | 1071 | 10/30/01 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Date     |
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| 1     | 12/29/01 |
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| Claim | Date     |
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If more than 150 claims or 10 actions  
staple additional sheet here

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